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## BIB DATA SHEET

CONFIRMATION NO. 8084

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |                 |                       |
|---|---|--|---------------------------------|--|-----------------|-----------------------|
| 10/540,286  | 01/09/2006<br>RULE  | 417  | 3746                            | 0074-521595  |                 |                       |
| <b>APPLICANTS</b><br>David John Michael Gibson, Wellington, NEW ZEALAND;<br>Terence Donald Bannister, Wellington, NEW ZEALAND;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/NZ03/00286 12/22/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>NEW ZEALAND 523300 12/20/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> |   |  |                                 |  |                 |                       |
| Foreign Priority claimed  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY             | SHEETS<br>DRAWINGS   | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
| 35 USC 119(a-d) conditions met  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | NEW ZEALAND                     | 17   | 44              | 3                     |
| Verified and  | /AMENE SETEGNE<br>BAYOLU/<br>Examiner's Signature   | Initials                                     |                                 |  |                 |                       |
| <b>ADDRESS</b><br>DANN, DORFMAN, HERRELL & SKILLMAN<br>1601 MARKET STREET<br>SUITE 2400<br>PHILADELPHIA, PA 19103-2307<br>UNITED STATES   |   |  |                                 |  |                 |                       |
| <b>TITLE</b><br>Peristaltic pump head and tube holder   |   |  |                                 |  |                 |                       |
| <b>FILING FEE<br/>RECEIVED</b><br>1115  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                 | <input type="checkbox"/> All Fees                            |                 |                       |
|   |   |  |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                 |                       |
|   |   |  |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                 |                       |
|   |   |  |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                 |                       |
|   |   |  |                                 | <input type="checkbox"/> Other _____                         |                 |                       |
|   |   |  | <input type="checkbox"/> Credit |  |                 |                       |